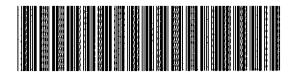
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(Requestor's Name)	_				
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PICK-UP WAIT MAIL					
(Business Entity Name)	_				
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

Office Use Only



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Effective Date 04/10/08

04/14/08--01060--002 **125.00

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J. BRYAN

APR 1 5 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
· SUI	BJECT: BILL BECK MUSIC, LLC		
	(Name of Limited Liability Company)	,	
The	e enclosed Articles of Organization and fee(s) are submitted for filing.		
Plea	ase return all correspondence concerning this matter to the following:		
	WILLIAM J DZIUBEK		
	(Name of Person)		
		8	2
	(Firm/Company)	AP.	NOIS FOR
	1101 SUN CENTURY ROAD SUITE C	08 APR 14 PM 3:	ION OF CORPORATIONS
	(Address)		OSP (
	NAPLES FLORIDA 34110	بب	JR AT
	(City/State and Zip Code)	<u>2</u>	UNU
For	further information concerning this matter, please call:		
W	ILLIAM J DZIUBEK _{at (} 239) 289-7735		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enc	closed is a check for the following amount:		
√ \$12	25.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

BILL BECK MUSIC LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
1101 SUN CENTURY ROAD	1101 SUN CENTURY ROAD	
NAPLES FLORIDA 34110	NAPLES FLORIDA 34110	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are: Effective Date 04/10/08

WILLIAM J DZIUBEK

Name

1101 SUN CENTURY ROAD SUITE C

Florida street address (P.O. Box NOT acceptable)

NAPLES FLORIDA 34110

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:	
WILLIAM J DZIUBEK 1101 SUN CENTURY ROAD SUITE C NAPLES FL 34110	
	DIVISION SEC
	NISION OF CORPOR
	1 3:51
	WILLIAM J DZIUBEK 1101 SUN CENTURY ROAD SUITE C

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 10 2008 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM J DZIUBEK

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)